

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 61
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full)

MIKE GRAVEL FOR PRESIDENT 2008

ADDRESS (number and street)

1600 N OAK ST #1412

☐ Check if different than previously reported

2. IDENTIFICATION NUMBER

C00423202

CITY, STATE, and ZIP CODE

ARLINGTON

VA

22209

3. IS THIS REPORT FOR :

☐ Primary☐ General4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)☐ April 15 Quarterly Report☐ July 15 Quarterly Report☐ October 15 Quarterly Report☐ January 31 Year End Report

Monthly Report Due On:

☐ February 20☐ March 20☐ April 20☐ May 20☒ June 20☐ July 20☐ August 20☐ September 20☐ October 20☐ November 20☐ December 20☐ January 31☐ Twelfth day report preceding

(Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on

on _____

IS THIS REPORT AN AMENDMENT

☒ YES☐ NO

5. COVERING PERIOD

FROM

05/01/2008

THROUGH

05/31/2008

SUMMARY

6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD

4666.43

7. TOTAL RECEIPTS THIS PERIOD
(From Line 22, Column A, Page 2)

12604.07

8. SUBTOTAL
(Lines 6 and 7)

17270.50

9. TOTAL DISBURSEMENTS THIS PERIOD
(From Line 30, Column A, Page 2)

12742.60

10. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(Subtract Line 9 from 8)

4527.90

11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)

250.00

12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)

182485.73

13. EXPENDITURES SUBJECT TO LIMITATION

555890.89

NET ELECTION CYCLE-
TO-DATE
CONTRIBUTIONS AND
EXPENDITURES14. NET CONTRIBUTIONS (Other than Loans)
(Subtract Line 28d, Column B from 17e, Column B, Page 2)

510018.36

15. NET OPERATING EXPENDITURES
(Subtract Line 20a, Column B from 23, Column B, Page 2)

555890.89

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer

MIKE GRAVEL

Date

02/03/2009

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 61**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

MIKE GRAVEL FOR PRESIDENT 2008

Report Covering the Period

From: 05/01/2008

To: 05/31/2008

| I. RECEIPTS | | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------|---------------------------------------|--|
| 16. FEDERAL FUNDS (Itemize on Schedule A-P) | ..... | 0.00 | 0.00 |
| 17. CONTRIBUTIONS (other than loans) FROM : | | | |
| (a) Individuals/Persons Other Than Political Committees | ..... | 12604.07 | 509516.76 |
| (b) Political Party Committees | ..... | 0.00 | 0.00 |
| (c) Other Political Committees | ..... | 0.00 | 501.60 |
| (d) The Candidate | ..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d)) | | 12604.07 | 510018.36 |
| 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | ..... | 0.00 | 0.00 |
| 19. LOANS RECEIVED: | | | |
| (a) Loans Received From or Guaranteed by Candidate | ..... | 0.00 | 73515.73 |
| (b) Other Loans | ..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (Add 19(a) and 19(b)) | ..... | 0.00 | 73515.73 |
| 20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) : | | | |
| (a) Operating | ..... | 0.00 | 0.00 |
| (b) Fundraising | ..... | 0.00 | 0.00 |
| (c) Legal and Accounting | ..... | 0.00 | 0.00 |
| (d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c)) | | 0.00 | 0.00 |
| 21. OTHER RECEIPTS (Dividend, Interest, etc.) | ..... | 0.00 | 5784.70 |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) | ..... | 12604.07 | 589318.79 |
| II. DISBURSEMENTS | | | |
| 23. OPERATING EXPENDITURES | ..... | 9742.60 | 555890.89 |
| 24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | ..... | 0.00 | 0.00 |
| 25. FUNDRAISING DISBURSEMENTS | ..... | 0.00 | 0.00 |
| 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS | ..... | 0.00 | 0.00 |
| 27. LOAN REPAYMENTS MADE : | | | |
| (a) Repayment of Loans made or Guaranteed by Candidate | ..... | 3000.00 | 28900.00 |
| (b) Other Repayments | ..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) | ..... | 3000.00 | 28900.00 |
| 28. REFUNDS OF CONTRIBUTIONS TO : | | | |
| (a) Individuals/Persons Other Than Political Committees | ..... | 0.00 | 0.00 |
| (b) Political Party Committees | ..... | 0.00 | 0.00 |
| (c) Other Political Committees | ..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) | ..... | 0.00 | 0.00 |
| 29. OTHER DISBURSEMENTS | ..... | 0.00 | 0.00 |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) | ..... | 12742.60 | 584790.89 |
| III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.) | | | |
| 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) | ..... | 0.00 | |

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

3 / 61

1. NAME OF COMMITTEE (in full)**MIKE GRAVEL FOR PRESIDENT 2008****ADDRESS (number and street)**

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON

VA

22209

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

| STATE | ALLOCATION THIS PERIOD | TOTAL ALLOCATION TO DATE | STATE | ALLOCATION THIS PERIOD | TOTAL ALLOCATION TO DATE |
|----------------------|---------------------------|--------------------------------|----------------|---------------------------|--------------------------------|
| Alabama | 0.00 | 0.00 | Nebraska | 0.00 | 0.00 |
| Alaska | 0.00 | 0.00 | Nevada | 0.00 | 0.00 |
| Arizona | 0.00 | 0.00 | New Hampshire | 0.00 | 10454.40 |
| Arkansas | 0.00 | 0.00 | New Jersey | 0.00 | 0.00 |
| California | 0.00 | 0.00 | New Mexico | 0.00 | 0.00 |
| Colorado | 0.00 | 0.00 | New York | 0.00 | 0.00 |
| Connecticut | 0.00 | 0.00 | North Carolina | 0.00 | 0.00 |
| Delaware | 0.00 | 0.00 | North Dakota | 0.00 | 0.00 |
| District of Columbia | 0.00 | 0.00 | Ohio | 0.00 | 0.00 |
| Florida | 0.00 | 0.00 | Oklahoma | 0.00 | 0.00 |
| Georgia | 0.00 | 0.00 | Oregon | 0.00 | 0.00 |
| Hawaii | 0.00 | 0.00 | Pennsylvania | 0.00 | 0.00 |
| Idaho | 0.00 | 0.00 | Rhode Island | 0.00 | 0.00 |
| Illinois | 0.00 | 0.00 | South Carolina | 0.00 | 0.00 |
| Indiana | 0.00 | 0.00 | South Dakota | 0.00 | 0.00 |
| Iowa | 0.00 | 0.00 | Tennessee | 0.00 | 0.00 |
| Kansas | 0.00 | 0.00 | Texas | 0.00 | 0.00 |
| Kentucky | 0.00 | 0.00 | Utah | 0.00 | 0.00 |
| Louisiana | 0.00 | 0.00 | Vermont | 0.00 | 0.00 |
| Maine | 0.00 | 0.00 | Virginia | 0.00 | 0.00 |
| Maryland | 0.00 | 0.00 | Washington | 0.00 | 0.00 |
| Massachusetts | 0.00 | 0.00 | West Virginia | 0.00 | 0.00 |
| Michigan | 0.00 | 0.00 | Wisconsin | 0.00 | 0.00 |
| Minnesota | 0.00 | 0.00 | Wyoming | 0.00 | 0.00 |
| Mississippi | 0.00 | 0.00 | Puerto Rico | 0.00 | 0.00 |
| Missouri | 0.00 | 0.00 | Guam | 0.00 | 0.00 |
| Montana | 0.00 | 0.00 | Virgin Islands | 0.00 | 0.00 |
| | | | TOTALS | 0.00 | 10454.40 |

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 / 61

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) ILHAN ALTALIB Mailing Address 11776 STRATFORD HOUSE PLACE #1403 City State Zip Code RESTON VA 20190 FEC ID number of contributing federal political committee. Name of Employer SELF Occupation BUSINESSMAN Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 0 8 Amount of Each Receipt this Period 2300.00 CONTRIBUTION Transaction ID: SA17A.20225 |
| B. Full Name (Last, First, Middle Initial) ANONYMOUS ANONYMOUS Mailing Address UNKNOWN City State Zip Code UNKNOWN FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 8 Amount of Each Receipt this Period 75.00 CONTRIBUTION Transaction ID: SA17A.20307 |
| C. Full Name (Last, First, Middle Initial) Wijetunga Aquinas Mailing Address 665, St. Mark's Ave., '4D' City State Zip Code Brooklyn NY 11216 FEC ID number of contributing federal political committee. Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1654.30 | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 8 Amount of Each Receipt this Period 19.30 CONTRIBUTION Transaction ID: SA17A.20132 |

SUBTOTAL of Receipts This Page (optional)

2394.30

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 61

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)
PETER BEARY

Mailing Address
433 UPSTREAM ST

City State Zip Code
RIVER RIDGE LA 70123

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

25.00

CONTRIBUTIION

Transaction ID: SA17A.20231

B.

Full Name (Last, First, Middle Initial)
Shawn Beltz

Mailing Address
4738 s 6th st

City State Zip Code
Louisville KY 40214

FEC ID number of contributing
federal political committee.

Name of Employer
CompuCom Systems

Occupation
system admin

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 8

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Transaction ID: SA17A.20169

C.

Full Name (Last, First, Middle Initial)
Benacci Christina

Mailing Address
2202 Gunter Bay

City State Zip Code
San Antonio TX 78245

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation
Lawyer

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1223.68

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 8

Amount of Each Receipt this Period

57.62

CONTRIBUTION

Transaction ID: SA17A.20128

SUBTOTAL of Receipts This Page (optional)

182.62

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Bruce Coary

Mailing Address

1146 Julie Lane

City

Crete

State

IL

Zip Code

60417

FEC ID number of contributing
federal political committee.

Name of Employer
Palos Community Hospital

Occupation
IT Support

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20183

B.

Full Name (Last, First, Middle Initial)

Bryan David

Mailing Address

5939 e 32nd st

City

tucson

State

AZ

Zip Code

85711

FEC ID number of contributing
federal political committee.

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Transaction ID: SA17A.20144

C.

Full Name (Last, First, Middle Initial)

Oyog David

Mailing Address

2437 W Monterey Ave

City

Stockton

State

CA

Zip Code

95204

FEC ID number of contributing
federal political committee.

Name of Employer
AT&T

Occupation
operator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20069

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 61

(check only one)

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Shelagh Eldon

Mailing Address

303 Velocity Way

City

State

Zip Code

Foster City

CA

94404

FEC ID number of contributing
federal political committee.Name of Employer
EFIOccupation
staff

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 6 | | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Transaction ID: SA17A.20184

B.

Full Name (Last, First, Middle Initial)

Goodner Elizabeth

Mailing Address

2314 Lazybrook Drive

City

State

Zip Code

Houston

TX

77008

FEC ID number of contributing
federal political committee.Name of Employer
Exxon Azerbaijan LimitedOccupation
accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Transaction ID: SA17A.20101

C.

Full Name (Last, First, Middle Initial)

Esther Franklin

Mailing Address

3980 McKinley Blvd

City

State

Zip Code

Sacramento

CA

95809

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20151

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 61

(check only one)

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Shimabuku George

Mailing Address

91825 Makaonaona St.

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing
federal political committee.Name of Employer
NoneOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20148

B.

Full Name (Last, First, Middle Initial)

MIKE GINGOZIAN

Mailing Address

20131 SOUTHWEST CRESCENT PL

City

SHERWOOD

State

OR

Zip Code

97140

FEC ID number of contributing
federal political committee.Name of Employer
SELFOccupation
PRESIDENT

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Transaction ID: SA17A.20223

C.

Full Name (Last, First, Middle Initial)

Jason Greschler

Mailing Address

2514 Clairemont Dr #311

City

San Diego

State

CA

Zip Code

92117

FEC ID number of contributing
federal political committee.Name of Employer
IntuitOccupation
staff

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Transaction ID: SA17A.20206

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)
eugene jaleski

Mailing Address
671 cedar street

City State Zip Code
longboat key FL 34228

FEC ID number of contributing
federal political committee.

Name of Employer
retired

Occupation
computer systems designer

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 8

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Transaction ID: SA17A.20157

B.

Full Name (Last, First, Middle Initial)
Holden Jerome

Mailing Address
PO Box 1085, 17 Grove St 17 Grove St

City State Zip Code
Wolfeboro Falls NH 03896

FEC ID number of contributing
federal political committee.

Name of Employer
JC signs

Occupation
Sign Maker

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Transaction ID: SA17A.20149

C.

Full Name (Last, First, Middle Initial)
Pritikin Joshua

Mailing Address
1404 Greenworth Place C/O ENID PRITIKIN

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing
federal political committee.

Name of Employer
none

Occupation
student

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Amount of Each Receipt this Period

20.00

CONTRIBUTION

Transaction ID: SA17A.20129

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)
ROCO LANDESMAN

Mailing Address

240 RIVERSIDE BLVD HSE 2A

City

NEW YORK

State

NY

Zip Code

10069

FEC ID number of contributing
federal political committee.

Name of Employer
SELF

Occupation

REAL ESTATE

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17A.20243

B.

Full Name (Last, First, Middle Initial)
FRANK LIAO

Mailing Address

21875 ALMADEN AVE

City

Cupertino

State

CA

Zip Code

95014

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20241

C.

Full Name (Last, First, Middle Initial)
Viner Michael

Mailing Address

9465 Wilshire Blvd # 840

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

Name of Employer
Phoenix Books, Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Transaction ID: SA17A.20098

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) TANVEER MIRZA Mailing Address 119122 SAFA CT City State Zip Code HENDON VA 20170 FEC ID number of contributing federal political committee. Name of Employer SELF Occupation MEDICAL DOCTOR Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 8 Amount of Each Receipt this Period 2300.00 CONTRIBUTION Transaction ID: SA17A.20229 |
| B. Full Name (Last, First, Middle Initial) JENKINS PETER Mailing Address 8950 MYRTLE DVE City State Zip Code DOUGLASVILLE GA 30134 FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1183.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8 Amount of Each Receipt this Period 77.00 CONTRIBUTION Transaction ID: SA17A.20080 |
| C. Full Name (Last, First, Middle Initial) JAMES ROGERS, Jr. Mailing Address 150 WEST FLAGLER ST 1400 City State Zip Code MIAMI FL 33130 FEC ID number of contributing federal political committee. Name of Employer NONE Occupation RETIRED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 8 Amount of Each Receipt this Period 1000.00 CONTRIBUTION Transaction ID: SA17A.20227 |

SUBTOTAL of Receipts This Page (optional)

3377.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Dana Towle

Mailing Address

920 s 110th st

City

Edwardsville

State

KS

Zip Code

66111

FEC ID number of contributing
federal political committee.

Name of Employer
Dana R Towle MDPC

Occupation

Hand Surgeon

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 8

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Transaction ID: SA17A.20161

B.

Full Name (Last, First, Middle Initial)

Aquinas Wijetunga

Mailing Address

665 St Marks Ave. Apt 4D

City

Brookline

State

NY

Zip Code

11216

FEC ID number of contributing
federal political committee.

Name of Employer
none

Occupation

retired

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20213

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

9998.92

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) AirTran Airways</p> <p>Mailing Address 1745 Phoenix Blvd Suite 370</p> <p>City Atlanta State GA Zip Code 30349</p> <p>Purpose of Disbursement TRAVEL EXPENSES</p> <p>Candidate Name MIKE GRAVEL FOR PRESIDENT 2008</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.20291</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 396.00</p> <p>101 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) AirTran Airways</p> <p>Mailing Address 1745 Phoenix Blvd Suite 370</p> <p>City Atlanta State GA Zip Code 30349</p> <p>Purpose of Disbursement TRAVEL EXPENSES</p> <p>Candidate Name MIKE GRAVEL FOR PRESIDENT 2008</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.20292</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 325.00</p> <p>101 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS COLLECTIONS</p> <p>Mailing Address PO Box 731 Rocky</p> <p>City HILL State NJ Zip Code 08553</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.20285</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>101 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional)

725.50

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) AMTRAK INTERCITY | Transaction ID: SB23.20278 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 110 Callahan Drive, | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 5 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Alexandria State VA Zip Code 22301 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK CHARGES | <table border="1"> <tr> <td colspan="10">134.45</td> </tr> </table> | 134.45 | | | | | | | | | | | | | | | | | | | |
| 134.45 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) AMTRAK INTERCITY | Transaction ID: SB23.20279 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 110 Callahan Drive, | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 5 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Alexandria State VA Zip Code 22301 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES | <table border="1"> <tr> <td colspan="10">118.30</td> </tr> </table> | 118.30 | | | | | | | | | | | | | | | | | | | |
| 118.30 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) AMTRAK INTERCITY | Transaction ID: SB23.20253 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 110 Callahan Drive, | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 3 | 0 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 3 | 0 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Alexandria State VA Zip Code 22301 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES | <table border="1"> <tr> <td colspan="10">434.00</td> </tr> </table> | 434.00 | | | | | | | | | | | | | | | | | | | |
| 434.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

686.75

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) AUTHORIZENET CORP | Transaction ID: SB23.20281 Date of Disbursement |
| Mailing Address 915 SOUTH 500 EAST SUITE 200 | <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| City AMERICAN FORK State UT Zip Code 84003 | Amount of Each Disbursement this Period |
| Purpose of Disbursement CREDIT CARD MERCHANT PROCESSING FEES | <input type="text" value="62.60"/> |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <input type="text" value="101"/> Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Boingo Wireless Inc. | Transaction ID: SB23.20272 Date of Disbursement |
| Mailing Address 1601 Cloverfield Blvd Suite 570 | <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| City South Santa Monica State CA Zip Code 90404 | Amount of Each Disbursement this Period |
| Purpose of Disbursement TELEPHONE/INTERNET | <input type="text" value="21.95"/> |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <input type="text" value="101"/> Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) CINGULAR WIRELESS | Transaction ID: SB23.20280 Date of Disbursement |
| Mailing Address P.O.BOX 6463 | <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| City CAROL STREAM State IL Zip Code 60197 | Amount of Each Disbursement this Period |
| Purpose of Disbursement TELEPHONE/INTERNET | <input type="text" value="97.93"/> |
| Candidate Name | <input type="text" value="101"/> Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

182.48

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

CINGULAR WIRELESS

Mailing Address P.O.BOX 6463

City
CAROL STREAM

State
IL

Zip Code
60197

Purpose of Disbursement
TELEPHONE/INTERNET

101

Category/
Type

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.20266

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

140.47

B.

Full Name (Last, First, Middle Initial)

CONSTANT CONTACT

Mailing Address Reservoir Place 1601 Trapelo Road
Suite 329

City
Waltham

State
MA

Zip Code
02451

Purpose of Disbursement
MEDIA EXPENSES

101

Category/
Type

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.20265

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

155.00

C.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES INC

Mailing Address 1600 Smith Street

City
Houston

State
TX

Zip Code
77002

Purpose of Disbursement
TRAVEL EXPENSES

101

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.20262

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

648.50

SUBTOTAL of Disbursements This Page (optional)

943.97

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) DENVER LPCON 2008 | Transaction ID: SB23.20300 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2085 Cottonwood Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City State Zip Code Tempe AZ 85282 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement MEDIA EXPENSES | <table border="1"> <tr> <td>204.00</td> </tr> </table> | 204.00 | | | | | | | | | | | | | | | | | | | |
| 204.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) EXXONMOBIL | Transaction ID: SB23.20289 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 2180 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 5 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City State Zip Code Houston TX 77252 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES | <table border="1"> <tr> <td>56.43</td> </tr> </table> | 56.43 | | | | | | | | | | | | | | | | | | | |
| 56.43 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) FEDEX SHOP | Transaction ID: SB23.20271 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 942 South Shady Grove Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City State Zip Code MEMPHIS TN 38120 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PRINTING AND STATIONARY | <table border="1"> <tr> <td>21.06</td> </tr> </table> | 21.06 | | | | | | | | | | | | | | | | | | | |
| 21.06 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

281.49

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) MARLOWS Mailing Address 700 College Dr | Transaction ID: SB23.20303 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 8</div> </div> |
| City Decorah State LA Zip Code 52101 Purpose of Disbursement OFFICE EQUIPMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period <div>543.92</div> <div>101</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) MEDIA TEMPLE INCORPORATED Mailing Address 8520 National Blvd. Building A City Culver City State CA Zip Code 90232 Purpose of Disbursement MEDIA EXPENES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.20284 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>40.00</div> <div>101</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) MULTIMEDIA AUDIO Mailing Address 825 NW 58TH STREET City OKLAHOMA CITY State OK Zip Code 73118 Purpose of Disbursement OFFICE EQUIPMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.20305 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>539.25</div> <div>101</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

1123.17

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS

Mailing Address One Concourse Pkwy
Suite 300

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
CREDIT CARD MERCHANT PROCESSING FEES

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20249

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

60.00

B.

Full Name (Last, First, Middle Initial)
Paypal Inc

Mailing Address 7615 37th Ave

City Jackson Heights State NY Zip Code 11372

Purpose of Disbursement
PAYPAL PROCESSING FEES

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20244

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

101.89

C.

Full Name (Last, First, Middle Initial)
PERCEIVA

Mailing Address 5300 Palmer Lane

City Williamsburg State VA Zip Code 23188

Purpose of Disbursement
TELEPHONE/ INTERNET EXPENSES

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20264

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

179.89

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 61

| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) SHERATON DENVER | Transaction ID: SB23.20255 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 150 COURT PLACE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City DENVER State CO Zip Code 80202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES | <table border="1"> <tr> <td>691.60</td> </tr> </table> | 691.60 | | | | | | | | | | | | | | | | | | | |
| 691.60 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) SHERATON DENVER | Transaction ID: SB23.20257 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 150 COURT PLACE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City DENVER State CO Zip Code 80202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES | <table border="1"> <tr> <td>646.19</td> </tr> </table> | 646.19 | | | | | | | | | | | | | | | | | | | |
| 646.19 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) SHERATON DENVER | Transaction ID: SB23.20258 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 150 COURT PLACE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City DENVER State CO Zip Code 80202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES | <table border="1"> <tr> <td>615.60</td> </tr> </table> | 615.60 | | | | | | | | | | | | | | | | | | | |
| 615.60 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

1953.39

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) SHERATON DENVER | Transaction ID: SB23.20259 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 150 COURT PLACE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City DENVER State CO Zip Code 80202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES Candidate Name | <table border="1"> <tr> <td colspan="10">615.60</td> </tr> </table> | 615.60 | | | | | | | | | | | | | | | | | | | |
| 615.60 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Travel City | Transaction ID: SB23.20260 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1712 N Frazier St | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Conroe State TX Zip Code 77301 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td colspan="10">7.00</td> </tr> </table> | 7.00 | | | | | | | | | | | | | | | | | | | |
| 7.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Travel City | Transaction ID: SB23.20261 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1712 N Frazier St | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Conroe State TX Zip Code 77301 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL EXPENSES Candidate Name | <table border="1"> <tr> <td colspan="10">7.00</td> </tr> </table> | 7.00 | | | | | | | | | | | | | | | | | | | |
| 7.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

629.60

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) UNITED AIR Mailing Address 1 United Sales Center | Transaction ID: SB23.20290 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 8</div> </div> |
| City CHICAGO State IL Zip Code 60666 Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period <div>428.50</div> <div>101</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) UNITED AIR Mailing Address 1 United Sales Center City CHICAGO State IL Zip Code 60666 Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.20296 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>726.50</div> <div>101</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) UNITED AIR Mailing Address 1 United Sales Center City CHICAGO State IL Zip Code 60666 Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.20297 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>700.50</div> <div>101</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

1855.50

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

UNITED AIR

Mailing Address 1 United Sales Center

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20269

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

UNITED AIR

Mailing Address 1 United Sales Center

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20270

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

VONAGE USA

Mailing Address 23 Main St.

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20283

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

59.14

SUBTOTAL of Disbursements This Page (optional)

109.14

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) VONAGE USA Mailing Address 23 Main St. City Holmdel State NJ Zip Code 07733 Purpose of Disbursement TELEPHONE/INTERNET Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.20268 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>2</td><td>8</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">136.67</td> </tr> </table> Category/ Type 101 | 136.67 | | | | | | | | | | | | | | | | | | | | |
| 136.67 | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.20250 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">473.72</td> </tr> </table> Category/ Type 101 | 473.72 | | | | | | | | | | | | | | | | | | | | |
| 473.72 | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.20273 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>0</td><td>2</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table> Category/ Type 101 | 10.00 | | | | | | | | | | | | | | | | | | | | |
| 10.00 | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

620.39

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 | Transaction ID: SB23.20274 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> |
| City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period <div>10.00</div> <div>101</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.20275 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <div>101</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.20276 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <div>101</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

30.00

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Wachovia Bank | Transaction ID: SB23.20277 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 563966 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Charlotte State NC Zip Code 28262 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK CHARGES | <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table> | 10.00 | | | | | | | | | | | | | | | | | | | |
| 10.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Wachovia Bank | Transaction ID: SB23.20282 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 563966 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Charlotte State NC Zip Code 28262 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK CHARGES | <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> | 20.00 | | | | | | | | | | | | | | | | | | | |
| 20.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Wachovia Bank | Transaction ID: SB23.20288 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 563966 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 4 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Charlotte State NC Zip Code 28262 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK CHARGES | <table border="1"> <tr> <td colspan="10">12.53</td> </tr> </table> | 12.53 | | | | | | | | | | | | | | | | | | | |
| 12.53 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 | <table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type | 101 | | | | | | | | | | | | | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

42.53

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address P.O. Box 563966

City
Charlotte

State
NC

Zip Code
28262

Purpose of Disbursement
BANK CHARGES

101

Category/
Type

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.20252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

9398.80

**Schedule B-P
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|---|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input checked="" type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

MIKE GRAVEL

Mailing Address 1600 NO OAK ST APT 1412

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
LOAN REPAYMENTCandidate Name
MIKE GRAVEL FOR PRESIDENT 2008Office Sought: ☐ House
☐ Senate
☒ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB27A.20248

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 6 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 / 61

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4621

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

30000.00

Cumulative Payment To Date

23900.00

Balance Outstanding at Close of This Period

6100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 4Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6100.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 / 61

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4629

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 4Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 / 61

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4622

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 7Y Y Y Y
2 0 0 6

12/31/2006

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4623

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 7Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

100.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 33 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4726

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 5Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 / 61

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4743

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
3 0Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 35 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4744

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
1 8Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 36 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5215

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

806.74

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

806.74

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 7Y Y Y Y
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

806.74

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 / 61

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5217

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

181.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

181.87

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 7Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

181.87

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 / 61

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5220

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

95.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.70

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 3Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

95.70

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 39 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5216

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 5Y Y Y Y
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1500.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 40 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5219

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

43.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43.59

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 6Y Y Y Y
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

43.59

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 41 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5221

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 8Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 42 / 61

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5218

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

787.83

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

787.83

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 8Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

787.83

TOTALS This Period (last page in this line only) ▶

44615.73

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 43 / 61

FOR LINE NUMBER:
(check only one)☒ 11
☐ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AUTHORIZENET CORPNature of Debt (Purpose):
DONATIONS NOT TRANSFERREDMailing Address 915 SOUTH 500 EAST
SUITE 200City State ZIP Code
AMERICAN FORK UT 84003

Outstanding Balance Beginning This Period

250.00

Transaction ID: SD11.19805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

250.00

2) **TOTALS** This Period (last page this line number only)..... ▶

250.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

250.00

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRISTINE D'AMICONature of Debt (Purpose):
CONSULTING FIELD REP CTMailing Address 2612 NORTH AVE
D-9City State ZIP Code
BRIDGEPORT CT 06604

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.20453

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):
LEGAL FEES APRIL 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

6914.00

Transaction ID: SD12.20016

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6914.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):
CONSULTING LEGAL MAY 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20247

Amount Incurred This Period

313.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.00

1) **SUBTOTALS** This Period This Page (optional).....

8727.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Jacobson Elliott

 Nature of Debt (Purpose):
 CONSULTING NATIONAL FIELD
 DIRECTOR

Mailing Address 1001 3rd Street, SW

| | | |
|------------|-------|----------|
| City | State | ZIP Code |
| Washington | DC | 20024 |

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Jacobson Elliott

 Nature of Debt (Purpose):
 CONSULTING NATIONAL FIELD
 DIRECTOR

Mailing Address 1001 3rd Street, SW

| | | |
|------------|-------|----------|
| City | State | ZIP Code |
| Washington | DC | 20024 |

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20418

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Jacobson Elliott

 Nature of Debt (Purpose):
 CONSULTING - FUNDRAISING

Mailing Address 1001 3rd Street, SW

| | | |
|------------|-------|----------|
| City | State | ZIP Code |
| Washington | DC | 20024 |

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20014

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

7000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUSAN GRIFFIN

Nature of Debt (Purpose):
CAMPAIGN COORDINATION

Mailing Address 5520 COVINGTON CT
#106

City State ZIP Code
DEARBORN MI 48126

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20436

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MINDI IDEN

Nature of Debt (Purpose):
CONSULTING CAMPAIGN COORDINATION

Mailing Address 149 S. Barrington Ave. #326

City State ZIP Code
LOS ANGELES CA 90049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19797

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BECKY ISAIS

Nature of Debt (Purpose):
FIELD REP NV

Mailing Address 5512 VISTA RIDGE WAY

City State ZIP Code
KEARNS UT 84118

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20450

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

1) SUBTOTALS This Period This Page (optional).....

4575.00

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20411

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20412

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING CAMPAIGN FIELD
ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.19794

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) SUBTOTALS This Period This Page (optional).....

7500.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20015

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
ACCOUNTING CONSULTING

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
ACCOUNTING CONSULTING

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING ACCOUNTING

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.19795

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING ACCOUNTING

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20427

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING ACCOUNTING

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20428

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 ACCOUNTING SERVICES

Mailing Address 11311 TRENTON CT

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| BRISTOW | VA | 20136 |

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20011

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 ACCOUNTING SERVICES

Mailing Address 11311 TRENTON CT

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| BRISTOW | VA | 20136 |

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20245

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 NEIL KIERNAN STEPHENSON

 Nature of Debt (Purpose):
 MI FIELD REPRESENTATIVE

Mailing Address 52177 LEXINTON LN

| | | |
|--------------|-------|----------|
| City | State | ZIP Code |
| CHESTERFIELD | MI | 48051 |

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20438

Amount Incurred This Period

525.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

1) **SUBTOTALS** This Period This Page (optional).....

2525.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
AFIFA KLOUJNature of Debt (Purpose):
CONSULTING OFFICE MANAGEM-
ENTMailing Address 1001 3RD STREET SW
#804City State ZIP Code
WASHINGTON DC 20024

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20440

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JON KRAUSNature of Debt (Purpose):
CONSULTING DEPUTY CAMPAIGN
MANGER

Mailing Address 4702 BELMONT DR

City State ZIP Code
EMMAUS PA 18049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20416

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JON KRAUSNature of Debt (Purpose):
CONSULTING DEPUTY CAMPAIGN
MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code
EMMAUS PA 18049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

7050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
JON KRAUSNature of Debt (Purpose):
CONSULTING DEPUTY CAMPAIGN
MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code
EMMAUS PA 18049

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.19791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JOE LAURIANature of Debt (Purpose):
CONSULTING NATIONAL PUBLI-
CITY DIRECTORMailing Address 205 PINEHURST AVE
#6JCity State ZIP Code
NEW YORK NY 10033

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20430

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mosier lynneNature of Debt (Purpose):
CONSULTING CALIFORNIA COO-
RDINATOR

Mailing Address 76 patrick way

City State ZIP Code
half moon bay CA 94019

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.19793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional).....

8050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SKYLER MCKINLEY

 Nature of Debt (Purpose):
 CONSULTING INFORMATION
 TECHNOLOGY

Mailing Address 1815 S. QUEEN WAY

 City State ZIP Code
 LAKEWOOD CO 80232

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.20457

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 CASEY MCLLVINE

 Nature of Debt (Purpose):
 ALTERNATIVE DEBATE TECHNO-
 LOGY

Mailing Address 225 LYCEUM AVE

 City State ZIP Code
 PHILADELPHIA PA 19128

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD12.20455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 DAVID NELSON VAN-DETTE

 Nature of Debt (Purpose):
 CONSULTING FIELD REP FL

Mailing Address 1013 RIDGE ROAD

 City State ZIP Code
 LARGO FL 33770

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20444

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

1) **SUBTOTALS** This Period This Page (optional).....

6025.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVID NELSON VAN-DETTENature of Debt (Purpose):
FIELD REP FL

Mailing Address 1013 RIDGE ROAD

City State ZIP Code
LARGO FL 33770

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20446

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING WEBSITE DEVELOPMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

10000.00

Transaction ID: SD12.18207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING WEBSITE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) SUBTOTALS This Period This Page (optional).....

13550.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING WEBISTE MANAGE-
MENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING WEBSITE MANAGE-
MENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20423

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING WEBISTE MANAGE-
MENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20424

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICK

Nature of Debt (Purpose):
CONSULTING CAMPAIGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICK

Nature of Debt (Purpose):
CONSULTING - CAMPAIGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICK

Nature of Debt (Purpose):
CONSULTING CAMPAIGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

1) **SUBTOTALS** This Period This Page (optional).....

22494.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICKNature of Debt (Purpose):
CONSULTING CAMPAIGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

3749.00

Transaction ID: SD12.20426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3749.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GEORGE REBHNature of Debt (Purpose):
PHOTOGRAPH

Mailing Address 4899 35TH RD NORTH

City State ZIP Code
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.20448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
George RipleyNature of Debt (Purpose):
FIELD REP DC

Mailing Address 1425 Monroe S. NW

City State ZIP Code
Washington DC 20010

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

1) **SUBTOTALS** This Period This Page (optional).....

6274.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
APRIL SHARPLEYNature of Debt (Purpose):
CONSULTING CAMPAIGN COORDINATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code
AUSTIN TX 78727

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
APRIL SHARPLEYNature of Debt (Purpose):
CONSULTING CAMPAIGN COORDINATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code
AUSTIN TX 78727

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.19798

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STACEY STANDLEYNature of Debt (Purpose):
CONSULTING ENVIRONMENT

Mailing Address 5114 TURNBURY LN

City State ZIP Code
SPANISH TRAIL NV 89113

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20452

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

6500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAN SWARTZNature of Debt (Purpose):
FILM PRODUCTIONMailing Address 95 HORATIO ST
APT 406City State ZIP Code
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20432

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RICH SWARTZNature of Debt (Purpose):
FILM PRODUCTIONMailing Address 95 HORATIO ST
APT 406City State ZIP Code
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20434

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TELENOMICS GROUPNature of Debt (Purpose):
CONSULTING DATABASE MANAG-
EMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

5100.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TELENOMICS GROUP

 Nature of Debt (Purpose):
 DATABASE MANAGEMENT CONSU-
 LTING

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| ST LOUISE | MO | 63132 |

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TELENOMICS GROUP

 Nature of Debt (Purpose):
 DATABASE MANAGEMENT CONSU-
 LTING

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| ST LOUISE | MO | 63132 |

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TELENOMICS GROUP

 Nature of Debt (Purpose):
 CONSULTING DATABASE MANAG-
 EMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| ST LOUISE | MO | 63132 |

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19796

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

9000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 / 61

FOR LINE NUMBER:
(check only one)

| | |
|-------------------------------------|----|
| <input type="checkbox"/> | 11 |
| <input checked="" type="checkbox"/> | 12 |

NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TELENOMICS GROUP

Nature of Debt (Purpose):
CONSULTING DATABASE MANAG-
EMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| ST LOUISE | MO | 63132 |

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

137870.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

44615.73

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

182485.73